



Perfectionism and aggression: Identifying risk profiles in children



María Vicent ^{a,*}, Cándido J. Inglés ^b, Ricardo Sanmartín ^a, Carolina González ^a, José Manuel García-Fernández ^a

^a Department of Developmental Psychology and Teaching, Faculty of Education, University of Alicante, Apdo. Correos, 99, 03080 San Vicente del Raspeig, Alicante, Spain

^b Department of Health Psychology, Faculty of Socio-health Sciences, University of Miguel Hernández, Avenida de la Universidad s/n, 03202 Elche, Alicante, Spain

ARTICLE INFO

Article history:

Received 17 December 2016

Received in revised form 24 February 2017

Accepted 25 February 2017

Available online xxxx

Keywords:

Profiles of child perfectionism
Socially Prescribed Perfectionism
Self-Oriented Perfectionism
Aggression
Cluster analysis
Childhood

ABSTRACT

The present work aims to identify possible combinations of Self-Oriented Perfectionism (SOP) and Socially Prescribed Perfectionism (SPP) that lead to different profiles of child perfectionism, as well as to determine whether these profiles differ from each other as a function of scores on the three components of aggression (cognitive or Hostility, physiological-emotional or Anger, and motor or Physical and Verbal Aggression). A sample of 1815 Spanish students (50.36% boys) between 8 and 11 years of age was recruited and the Child and Adolescent Perfectionism Scale and the Aggression Questionnaire were administered. Through cluster analysis, four profiles of child perfectionism, named Non-Perfectionism, Pure SPP, Pure SOP, and Mixed Perfectionism, were identified. In terms of aggression, Mixed Perfectionism was the most maladaptive profile, whereas Non-Perfectionism and Pure SOP were more adaptive than the others. Our results are interpreted in light of the 2×2 model of perfectionism.

© 2017 Elsevier Ltd. All rights reserved.

1. Introduction

In recent years, various authors have insisted on the importance of studying perfectionism in childhood (Morris & Lomax, 2014) in order to better understand its origins and developmental pathways (Oros, 2003; Vicent, Inglés, González, Sanmartín, & García-Fernández, 2016). Flett et al. (2016) conceptualized child perfectionism around two dimensions: Self-Oriented Perfectionism (SOP) and Socially Prescribed Perfectionism (SPP), which represent, respectively, the intra- and inter-personal facets of the construct. Thus, SOP refers to imposing on oneself excessively high goals that are unrealistic and impossible to reach and a tendency to criticize oneself harshly when a mistake is made or the proposed standards are not achieved. The propensity to firmly believe that other people have very high expectations about one's abilities has been coined with the name of SPP.

The dichotomy of perfectionist dimensions has produced some controversy among researchers who argue that perfectionism is, in essence, neurotic, and researchers who consider that it is comprised both of positive and negative facets (Flett & Hewitt, 2006; Lo & Abbott, 2013; Owens & Slade, 2008). Thus, in accordance with this last concept, it has become habitual to establish and distinguish perfectionist profiles according to high and low scores on the evaluated dimensions, depending on whether they are considered positive or negative (e.g., Bolin,

Edwards, Finch, & Cassady, 2014; Cumming & Duda, 2012; Sironic & Reeve, 2012). In this line, there are two main models that have been analyzed and discussed in the scientific literature. The first of these, known as the tripartite model (Stoeber & Otto, 2006), distinguishes between Non-Perfectionistic, Healthy Perfectionistic, and Unhealthy Perfectionistic dimensions. However, recently, and in order to overcome the limitations found in the previous model, the 2×2 model of dispositional perfectionism (Gaudreau & Thompson, 2010) was formulated, which postulates the existence of four so-called perfectionist subtypes: Pure Personal Standards Perfectionism, Pure Evaluative Concerns Perfectionism, Mixed Perfectionism and Non-Perfectionism. This model is based on the following hypotheses: compared with the Non-Perfectionist subtype, the Pure Personal Standards Perfectionism is associated with healthier results (Hypothesis 1a), less healthy results (Hypothesis 1b), or alternatively, the results do not differ significantly (Hypothesis 1c); Pure Evaluative Concerns Perfectionism leads to the most maladaptive results of all the subtypes (Hypothesis 2); the Mixed Perfectionism subtype is related to better outcomes than the Pure Evaluative Concerns Perfectionism subtype (Hypothesis 3); and lastly, the Mixed Perfectionism subtype is related to worse results than the Pure Personal Standards Perfectionism subtype (Hypothesis 4). Several studies have tested the 2×2 model, providing support for most of its hypotheses (Crocker, Gaudreau, Mosewich, & Kljajic, 2014; Cumming & Duda, 2012; Damian, Stoeber, Negru, & Băban, 2014; Franche, Gaudreau, & Miranda, 2012; Gaudreau & Verner-Filion, 2012; Gong, Fletcher, & Paulson, 2017; Hill, 2013; Hill & Davis, 2014; Li, Hou, Chi, Liu, & Hager,

* Corresponding author.

E-mail address: maria.vicent@ua.es (M. Vicent).

2014; Méndez-Giménez, Cechinni-Estrada, & Fernández-Río, 2015; Mallison, Hill, Hall, & Gotwals, 2014; Speirs-Neumeister, Fletcher, & Burney, 2015).

1.1. Aggression, Socially Prescribed Perfectionism and Self-Oriented Perfectionism

Aggression is typically defined as a behavior that is carried out in order to injure or harm another individual (Archer, 2009). However, given the heterogeneity of the construct, finding a unanimously accepted definition is complex. Currently, aggression is defined according to different dimensions or forms that vary depending on the phenomenology under study (Ramírez & Andreu, 2006). Thus, Buss and Perry (1992) define aggression as the combination of three components: cognitive (hostility), physiological-emotional (anger), and motor (aggression). Hostility is a negative cognitive state that involves attitudes and beliefs toward others, such as distrust, cynicism, resentment, apprehension, and denigration (Miller, Smith, Turner, Guijarro, & Hallet, 1996; Sanz, García-Vera, & Magán, 2010). Anger implies a state of agitation derived from social conditions that imply threat or frustration and that cause unpleasant emotions of varying intensity, from mild irritation to intense fury (Averill, 1982; Lubke, Ouwens, de Moor, Trull, & Boomsma, 2015; Miller et al., 1996). Finally, aggression is any behavior, either verbal or physical, that is performed with the purpose of injuring others (Leary, Twenge, & Quinlivan, 2006).

Although the research tradition on aggression has focused especially on adult or adolescent population, it is essential to analyze it at other stages, such as early or late childhood. There is some consensus about the stable nature of the different forms of aggression, which implies that individuals who express aggression at early ages usually continue showing this trend at later ages (e.g., Huesmann, Dubow, & Boxer, 2009; Kokko & Pulkkinen, 2005). Therefore, it is of great interest to delve into all the factors that might influence the expression of aggression, in any of its forms, during childhood.

Various studies have examined the relationship of perfectionism—SPP, and SOP—with anger and hostility. These previous investigations coincide in identifying a positive and significant relationship between SPP and hostility (Besser, Flett, & Hewitt, 2004; Lee & Mi, 2010) and anger (Blankstein & Lumley, 2008; Dunkley & Blankstein, 2000; Hewitt et al., 2002; Macedo et al., 2009; Myoung-Ho, 2009; Saleh-Esfahani & Ali-Besharat, 2010; Stoeber, Schneider, Hussain, & Matthews, 2014). On the contrary, regarding SOP, most of the studies found evidence of a positive and significant association with anger and hostility (Besser et al., 2004; Blankstein & Lumley, 2008; Kyoung-Sun & Hyuk-Jun, 2013; Lee & Mi, 2010; Myoung-Ho, 2009; Saboonchi & Lundh, 2003; Saleh-Esfahani & Ali-Besharat, 2010; Speirs-Neumeister, 2004) but other works observed that these constructs were not significantly associated (Dunkley & Blankstein, 2000; Hewitt et al., 2002; Macedo et al., 2009; Stoeber et al., 2014). Regarding the sample characteristics, the majority of these works have been carried out in the North American population, especially Canadian and Asian population. Secondly, with the exception of two works with children and adolescents (Kyoung-Sun & Hyuk-Jun, 2013; Lee & Mi, 2010), all of them have focused on college students or adults.

2. The present study

The review of the scientific literature analyzing the relationship between the two perfectionist dimensions (SPP and SOP) and the components of aggression has revealed the following limitations. Firstly, to date, there is no previous empirical evidence on the relationship between SOP and SPP and physical or verbal aggression, as well as the way in which different perfectionism profiles differ in their levels of aggression, understood as a construct with three components (hostility, anger, and aggression, both physical and verbal). Secondly, it is necessary to expand the literature on perfectionism and aggression during

the school stage, given the relevance of these two variables during childhood (Flett, Hewitt, Oliver, & Macdonald, 2002; Smith & Furlong, 2003), and to use samples from different countries than those already examined because there is evidence of the influence of the culture and society of origin on perfectionism (Marten-Dibartolo & Rendón, 2012).

This work has two goals: (a) to identify, in a sample of Spanish Primary Education students aged between 8 and 11, possible combinations of SPP and SOP leading to different profiles of child perfectionism, which can be defined according to the weight obtained by the two dimensions in each profile; and (b) to determine possible statistically significant differences between the different perfectionism profiles established and the different scores on the three components of aggression (hostility, anger, and aggression, both physical and verbal).

3. Materials and methods

3.1. Participants

The participants in this study were selected through a multi-stage random cluster sampling, with the primary units being the geographical areas of the province of Alicante (Spain): central, north, south, east, and west. The secondary units were the schools (between 1 and 3 schools selected randomly and proportionally in each geographic area), a total of 24 public and private schools. The tertiary units were the classrooms; specifically four classrooms were randomly selected, one for each academic year from 3rd to 6th grade of Primary Education.

Following this system, an initial sample of 2157 participants was obtained. However, 83 (4.57%) were excluded because they did not have the minimum reading level to ensure comprehension of the test, 97 (5.34%) because their parents or legal guardians did not give written consent to participate in the study, 57 (3.14%) because they were repeating students, and 105 (5.79%) because the questionnaires had errors and/or omissions. Thus, the final sample was made up of 1815 students from 3rd to 6th grade of Primary Education, aged between 8 and 11 years ($M = 9.70$; $SD = 1.17$). The ethnic composition of the sample was: 87.65% Spaniards, 6.29% South American, 3.57% Arab, 2.14% European and 0.35% Asian. Table 1 presents the frequency distribution of the eight groups by age and sex, showing their uniform distribution ($\chi^2 = 6.55$, $p = 0.08$).

3.2. Instruments

3.2.1. Child and Adolescent Perfectionism Scale (CAPS; Flett et al., 2016)

The CAPS is a self-report, based on the Multidimensional Perfectionism Scale (HMPS; Hewitt & Flett, 2004), which is the most used measure of perfectionism in children and adolescents as of 8 years of age (García-Fernández et al., 2016). It is made up of 22 items structured on two dimensions: SOP (e.g., “I get angry with myself when I make a mistake”), and SPP (e.g., “My teachers expect my work to be perfect”). The items are rated on a five-point Likert scale. For this study, we used the CAPS translated into Spanish by Castro et al. (2004), with acceptable levels of reliability, ranging from 0.75 to 0.92 for SOP, 0.82 to 0.92 for SPP and 0.85 to 0.91 for the total scale.

Acceptable internal consistency indices were obtained in the present study, ($\alpha = 0.84$, 0.78, and 0.71, respectively, for the total of the CAPS, SPP and SOP).

3.2.2. Aggression Questionnaire (AQ; Buss & Perry, 1992)

The AQ is a 29-item self-report measure of four components of aggression: Hostility (e.g., “When people are especially friendly, I wonder what they want”), Anger (e.g., “Sometimes I feel like a bomb about to explode”), Physical Aggression (e.g., “If I am provoked enough, I may hit another person”), and Verbal Aggression (e.g., “When people don't agree with me, I can't help arguing with them”). The AQ is a widely used measure of aggression in applied settings and research. Additionally, its psychometric properties have been confirmed in several

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات